

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/555105 FILING DATE 24 MAY 2000

APPLICANT(S) *Alpine*

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1		/			51				
2			/		52				
3			/		53				
4					54				
5					55				
6					56				
7			/		57				
8			/		58				
9					59				
10			/		60				
11			/		61				
12					62				
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39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.		/			TOTAL IND.				
TOTAL DEP.		//			TOTAL DEP.				
TOTAL CLAIMS		/2			TOTAL CLAIMS				